

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____ Email Address _____

Plaintiff,

v.

Defendant.

Tax Court of New Jersey

Docket No. _____

**Civil Action
Complaint**

(State Equalization Table- School Aid)

Plaintiff , _____, in the County of _____, respectfully shows that:

1. On or about October 1, _____, the Director, Division of Taxation, Department of the Treasury, certified a "Table of Equalized Valuations" to the State Commissioner of Education for his/her use in the determination of the amount of State school aid for the school year _____ under N.J.S.A. 54:1-35.1, et seq.

2. The ratio of assessed valuation to true value of real property for the taxing district of

_____ as set forth in said "Table of Equalized Valuations" is _____%, whereas in fact the ratio is a higher percentage.

3. The facts upon which this complaint are based are the following:

4. The following sales which were used by the Director in compiling his/her sales study were improperly used for the following reasons:

5. The plaintiff makes the following additional allegations:

6. Plaintiff files this complaint pursuant to N.J.S.A. 54:1-35.4 and asks the court to review the aforesaid certification and revise and correct the "Table of Equalized Valuations" as it pertains to the Taxing District of

_____.

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Date

Signature of Plaintiff or Attorney for Plaintiff

NOTE:

1. The use of this printed form is optional. Any complaint submitted for filing shall set forth the claim for relief and a statement of the facts on which the claim is based, and shall conform to the rules of court. The wording in this sample form may be modified to conform to the claim made and relief sought in a particular case.

Please note:

Rule 1:38-7(b) requires attorneys and self-represented litigants to redact (remove) confidential personal identifiers from all documents prior to filing, unless required by statute, court rule, administrative directive or court order.

Rule 1:38-7(a) defines a confidential personal identifier as a *Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number*. An active financial account number may be identified by the last four digits when the account is the subject of litigation and cannot otherwise be identified.

It is not the responsibility of court staff to redact (remove) confidential personal identifiers when included in pleadings or other documents submitted to the court.

PROOF OF SERVICE

1. On _____, I, the undersigned, served upon the Director of the Division of Taxation personally **or** by registered or certified mail, return receipt requested (strike out one), a copy of the within complaint.
2. On _____, I, the undersigned, served upon the Attorney General of the State of New Jersey personally **or** by registered or certified mail, return receipt requested (strike out one), a copy of the within complaint.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Plaintiff or Attorney for Plaintiff